



APPLICATION FORM
MJDF Part I Examination

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PASSPORT
PHOTOGRAPH
HERE

Last name (BLOCK LETTERS)

Other names (BLOCK LETTERS)

Title **Date of birth:**

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Address (FOR EXAMINATION NOTIFICATION)
.....
.....

Address (WORK, IF DIFFERENT)
.....
.....

Email address

GDC number **Date of expiry of GDC registration**

If non UK-registered, please provide details of regulatory authority and registration number:
.....

If you have special needs owing to a disability or specific learning difficulty, please give details. Please enclose a copy of relevant report with the application form:
.....

Contact numbers
Home
Work
Mobile
Fax

If you have previously entered for any part of MJDF, MFGDP(UK) or MFDS, please give the date and description of previous entries:
.....
.....
.....
.....



Degree(s) or qualification(s), with dates and name of awarding authority:

Degree/Diploma	Year	Awarding authority

Candidates whose names do not appear in the current UK dentists register must submit evidence (in the form of original documentation or certified copies) of the following:

- a) Their primary dental qualification, together with the date of acquisition, and registration document.
- b) That the qualification they hold is acceptable to the General Dental Council (GDC) of the UK for the purposes of registration.

The list of dental degrees accepted for temporary registration is available on the GDC’s website at <http://www.gdc-uk.org/Potential+registrant/Temporary+registration/How+to+Apply.htm>. Candidates should check the website to find out if their degree is accepted for the purposes of temporary registration. Candidates do not need to write to the GDC unless their dental degree does not appear on the list on the website.

All candidates entering for the examination must support their application with the following declaration:

I hereby apply to be admitted to the MJDF Part I examination, commencing on:

Date of application **Date of examination**.....

Venue

I have read and understood this examination’s regulations and understand the eligibility criterion. I now confirm that to the best of my knowledge all the information on this form is a true statement of fact.

Signature of candidate **Date**

(The following declaration is optional)

I authorise the MJDF Examinations Department to give details of my results to the MJDF regional diploma tutors should I be successful in this component of the examination.

Signature of candidate **Date**

The information given on this form will be held in accordance with the Data Protection Act 1998.

A candidate withdrawing an application for admission to an examination in writing will be refunded the full fee (minus an administration charge), provided that such withdrawal is received before the closing date of the examination.

NO REFUNDS will normally be allowed to candidates who fail to attend examinations or who withdraw after the closing date of the examination.



PAYMENT FORM

Please charge £_____ to my Maestro/Delta/Visa/MasterCard (delete as appropriate)

Card number:

Expiry date: / Issue no: Start date: / Security code:

Alternatively, please enclose a cheque, payable to "The Royal College of Surgeons of England".

MJDF Part I application form checklist:

Is your application complete? Please make sure that you have included the following:

- GDC number, or if non UK-registered, details of regulatory body and registration number, plus the original or certified copies of your dental degree and registration document.
- Completed payment form with cheque or credit card details for the Part I fee of £475
- Permanent correct address and telephone number
- Signed and dated declarations
- Passport photograph
- Completed equal opportunities monitoring form (optional)

The MJDF Examinations Department will endeavour to accommodate all applications for an examination diet received prior to a closing date. However, we reserve the right to carry over applications to a future diet if exceptionally high numbers are received. If a diet is oversubscribed places will be allocated in order of receipt of application.

Please return your completed form to:

MJDF Examinations Department
Faculty of General Dental Practice (UK) & Faculty of Dental Surgery
The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

For Office Use Only			
Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Acknowl. Sent	<input type="text"/>	Qualification Evidence	<input type="text"/>

